

*Maryland State Board for the Certification of Residential  
Child Care Program Professionals*

WEB SITE: [www.dhmd.state.md.us/crccp/](http://www.dhmd.state.md.us/crccp/)  
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Office Use Only	
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CHECK/MO _____	BY _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED AUTHORIZATION # _____	

Please type or print legibly

**APPLICATION FOR DESIGNATION AS A CRCCPA FOR TWO INDIVIDUALLY LICENSED ORGANIZATIONS  
(CRCCPA-D)**

**Personal Information**

Last Name		First Name	MI	Certification Number
Alias (Include all past names used, such as maiden name, etc.) Legal documentation required.				Date of Alias Change
Social Security Number				Birth Date
Street Address		City	State	Zip Code
Email Address				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone		Work Phone	Cell Phone	

**Felony & Professional Charges/Convictions**

For each question answered with a "Yes", please attach a detailed explanation and a certified copy of the police/court record and final disposition.

1) Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired? Yes ☐ No ☐

2) Has any state licensing or disciplinary board or agency, or a comparable body in the armed services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation? Yes ☐ No ☐

3) Have you surrendered or failed to renew a license in any state? Yes ☐ No ☐

4) Are there any outstanding complaints, investigations or charges pending against you in any state by any licensing or disciplinary board or agency, or a comparable body in the armed services? Yes ☐ No ☐

5) Have you had a physical or mental illness that currently impairs your ability to practice your profession? Yes ☐ No ☐

6) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)? Yes ☐ No ☐

7) Are you currently charged with a felony or misdemeanor? Yes ☐ No ☐

8) Have you ever been denied a license, certification or registration to care for children? Yes ☐ No ☐

9) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance? Yes ☐ No ☐

10) Have you pled guilty to, nolo contendere to, been convicted of or received probation before judgment to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside? Yes ☐ No ☐

11) Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? Yes ☐ No ☐

12) Have you ever had a license, certificate or registration to care for children revoked or suspended? Yes ☐ No ☐

13) Have you ever been named as the perpetrator of child abuse or neglect by a state agency after an investigation? Yes ☐ No ☐

14) Have you ever been convicted of a misdemeanor or felony, including convictions in another state? Yes ☐ No ☐

**Primary Organization Information**

Name of Primary Organization: \_\_\_\_\_

President of the Board of Directors: \_\_\_\_\_  

*Name* *Email Address*

Address: \_\_\_\_\_  

*Street* *City* *State* *Zip Code*

Licensing Authority: ☐ DHR ☐ DJS ☐ DHMH-DDA ☐ DHMH-MHA Total Licensed Capacity: \_\_\_\_\_Licensing Authority Contact: \_\_\_\_\_  

*Name* *Email Address*

Number of licensed program sites: \_\_\_\_\_ (Attach another sheet of paper if necessary.)

Addresses of Licensed Program Sites	Licensed Bed Capacity

List your employment hours, specifying hours on-site, on-duty, and engaged in the day-to-day management and operation of program as defined in COMAR 10.57.01(B)(12): \_\_\_\_\_  
\_\_\_\_\_Organizational Structure (Attach an organizational chart). \_\_\_\_\_  

*Initial*

Letter of Approval from the Board of Directors, Signed by the Board President \_\_\_\_\_  

*Initial*

Briefly Described the Needs of the children and youth being served by the program. (Attach another sheet of paper if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Secondary Organization Information**

Name of Secondary Organization: \_\_\_\_\_

President of the Board of Directors: \_\_\_\_\_  

*Name* *Email Address*

Address of Organization \_\_\_\_\_  

*Street* *City* *State* *Zip Code*

Licensing Authority: ☐ DHR ☐ DJS ☐ DHMH-DDA ☐ DHMH-MHA Total Licensed Capacity: \_\_\_\_\_Licensing Authority Contact: \_\_\_\_\_  

*Name* *Email Address*

Number of licensed program sites: \_\_\_\_\_

Addresses of Licensed Program Sites	Licensed Bed Capacity

List Your Employment Hours, specifying hours on-site, on-duty, and engaged in the day-to-day management and operation of program COMAR 10.57.01(B)(12): \_\_\_\_\_

Organizational Structure (Attach an organizational chart). \_\_\_\_\_  
Initial

Letter of Approval from the Board of Directors, Signed by the Board President \_\_\_\_\_  
Initial

Briefly Described the Needs of the children and youth being served by the program. (Attach another sheet of paper if necessary.)

**Affirmation** I hereby affirm that the information in this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that the State Board for the Certification of Residential Child Care Program Professionals ("State Board") may verify information on this application. I also understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of authorization to serve as a CRCCP-D.

I agree that the State Board may request any information necessary to process my application as a CRCCP-D in Maryland from any person or agency, including but not limited to former or current employers, government agencies, other licensing bodies and agencies, and I agree that any person or agency may release to the State Board the information requested. I also agree to sign any subsequent releases for information that may be requested by the State Board. I further agree that the State Board may release any information pertaining to the status of my application to the State licensing agency and the president of the Board of Directors of the RCCPs listed on my application.

Signature

Date

**Third Party Release** Execute only if you plan to use an intermediary to receive information about your application. I agree that the State Board may release any information pertaining to the status of my application to the following person:

Name

Date

Email Address

Phone

**Remember to Attached the Following Documents:**

- 1) Organizational Charts
- 2) Letters of Approval from Primary and Secondary Organization's Board of Directors
- 3) State Licensure Affidavit from the Licensing Authority
- 4) Executed Affidavit for Individuals Seeking CRCCPA-D Designation

**CRCCP-D Application Fee \$100.** Make check or money order payable to "BCRCCP". Cash or credit cards cannot be accepted. Incomplete applications will not be processed. **Fee is not refundable and is non-transferrable.**

**IN COMPLIANCE WITH CHAPTER 534 OF THE 2010 ACTS OF THE GENERAL ASSEMBLY SESSION, THE BOARD IS REQUIRED TO REQUEST THAT ALL APPLICANTS TO PROVIDE, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.**

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes ☐ No ☐

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)